

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

BFS Retail and Commercial Operations  
c/o National Registered Agents, Inc.  
150 South Perry Street  
Montgomery, AL 36104

**2. Article Number***(Transfer from service label)*

7000 1670 0011 9421 7235

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X Laine Clark**  Agent  
 Addressee**B. Received by (Printed Name)****Laine Clark****C. Date of Delivery****11/14/06****D. Is delivery address different from item 1?****If YES, enter delivery address below:****Ole CV/1008  
SFC****3. Service Type**

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

**4. Restricted Delivery? (Extra Fee)** Yes**SENDER: COMPLETE THIS SECTION**

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- Print your name and address on the reverse so that we can return the card to you.
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**1. Article Addressed to:**

Bridgestone Firestone North American  
c/o National Registered Agents, Inc.  
150 South Perry Street  
Montgomery, AL 36104

**2. Article Number***(Transfer from service label)*

7000 1670 0011 9421 7228

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X Laine Clark**  Agent  
 Addressee**B. Received by (Printed Name)****Laine Clark****C. Date of Delivery****11/14/06****D. Is delivery address different from item 1?****If YES, enter delivery address below:****Ole CV/1008  
SFC****3. Service Type**

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

**4. Restricted Delivery? (Extra Fee)** Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
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**1. Article Addressed to:**

Bridgestone Americas Holdings, Inc.  
c/o National Registered Agents, Inc.  
150 South Perry Street  
Montgomery, AL 36104

**2. Article Number***(Transfer from service label)*

7000 1670 0011 9421 7211

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X Laine Clark**  Agent  
 Addressee**B. Received by (Printed Name)****Laine Clark****C. Date of Delivery****11/14/06****D. Is delivery address different from item 1?****If YES, enter delivery address below:****Ole CV/1008  
SFC****3. Service Type**

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

**4. Restricted Delivery? (Extra Fee)** Yes